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| Fill in this in | formation to ide | ntify your case: | | | |
|---------------------|---------------------|------------------|-----------|--|--|
| Debtor 1 | Marianne Mehalshick | | | | |
| - | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States E | ennsylvania | | | | |
| (If known) | | | | | |

| Check as directed in lines 17 and 21: |
|--|
| According to the calculations required by this Statement: |
| 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
| 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| ☐ 3. The commitment period is 3 years. ✓ 4. The commitment period is 5 years. |
| ☐ Check if this is an amended filing |

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| 172 | art 1: Calculate Your Average Monthly Income | е | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | |
|-----|---|---|--|--------------------------------|---|--|--|
| 1. | What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received fr bankruptcy case. 11 U.S.C. § 101(10A). For example, if y August 31. If the amount of your monthly income varied du the result. Do not include any income amount more than or from that property in one column only. If you have nothing the state of the column only. If you have nothing the column only. | ou are filing on Septemboring the 6 months, add th nce. For example, if both | er 15, the e income spouses o | 6-mont for all 6 own the | h period wo 3 months and same renta | uld be March 1 through d divide the total by 6. Fill in | |
| | | | | Colun Debtor | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, and payroll deductions). | commissions (before a | II. | \$ | 0.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include pay | yments from a spouse. | | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly paid f you or your dependents, including child support. Include an unmarried partner, members of your household, your de roommates. Do not include payments from a spouse. Do not listed on line 3. | de regular contributions fr ependents, parents, and | | <u>\$_2,</u> | 000.00 | \$ | |
| 5, | Net income from operating a business, profession, or farm Gross receipts (before all deductions) Ordinary and necessary operating expenses | Debtor 1 Debtor 2 \$ 0.00 \$ | | | | | |
| | Net monthly income from a business, profession, or farm | \$_0.00 \$ | Copy here⇒ | \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor 1 Debtor 2 | | | | | |
| | Gross receipts (before all deductions) | <u>\$_0.00</u> <u>\$</u> | | | | | |
| | Ordinary and necessary operating expenses | - \$ <u>0.00</u> - \$ | | | | | |
| | Net monthly income from rental or other real property | \$ 0.00 \$ | Copy | s | 0.00 | \$ | |

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Marianne Mehalshick Case number (if known) 18-13758 Debtor 1 Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For you..... For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 668.00 Food Stamps Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each 2,668.00 0.00 2,668.00 column. Then add the total for Column A to the total for Column B. monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 2,668.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 0.00 0.00 Total..... Copy here 🔊 2,668.00 14. Your current monthly income. Subtract the total in line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 2,668.00 15a. Copy line 14 here → Multiply line 15a by 12 (the number of months in a year). 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 32,016.00

| D | ebtor 1 | Marianne Mehalshick | Case number (if known) 18-13758 | | | | |
|-----|------------|---|--|-------------------------|--|--|--|
| | | First Name Last Name Last Name | | | | | |
| 40 | | | | | | | |
| 16. | | e the median family income that applies to you | u. Follow these steps: PA | | | | |
| | 16a. FIII | in the state in which you live. | | | | | |
| | 16b. Fill | in the number of people in your household. | | | | | |
| | 16c. Fill | in the median family income for your state and siz | ze of household | 93,645.00 | | | |
| | | find a list of applicable median income amounts, ç ructions for this form. This list may also be availal | | * | | | |
| 17. | How do | the lines compare? | | | | | |
| | 17a. 🔽 | | top of page 1 of this form, check box 1, <i>Disposable income is not de</i> Il out <i>Calculation of Your Disposable Income</i> (Official Form 122C–2). | | | | |
| | | | e 1 of this form, check box 2, <i>Disposable income is determined under</i> t Calculation of Your Disposable Income (Official Form 122C–2). y income from line 14 above. | | | | |
| Pa | irt 3: | Calculate Your Commitment Period Un | ider 11 U.S.C. § 1325(b)(4) | | | | |
| 18, | Сору уо | ur total average monthly income from line 11. | | _{\$} 2,668.00 | | | |
| 19. | calculatir | | arried, your spouse is not filing with you, and you contend that 6(b)(4) allows you to deduct part of your spouse's income, copy | | | | |
| | | | e 19a | - \$0.00 | | | |
| | 19b. Sul | otract line 19a from line 18. | | \$_2,668.00 | | | |
| 20. | Calculate | e your current monthly income for the year. Fo | ollow these steps: | | | | |
| | 20a. Cop | y line 19b | | \$ 2,668.00 | | | |
| | Mul | tiply by 12 (the number of months in a year). | | x 12 | | | |
| | | | | | | | |
| | 20b. The | result is your current monthly income for the year | r for this part of the form. | \$ <u>32,016.00</u> | | | |
| | 20с. Сору | the median family income for your state and size | e of household from line 16c | \$ 93,645.00 | | | |
| 21. | How do t | he lines compare? | | | | | |
| | | 20b is less than line 20c. Unless otherwise ordere commitment period is 3 years. Go to Part 4. | d by the court, on the top of page 1 of this form, check box 3, | | | | |
| | | 20b is more than or equal to line 20c. Unless othe k box 4, <i>The commitment period is 5 years</i> . Go to | rwise ordered by the court, on the top of page 1 of this form, Part 4. | | | | |
| Ρa | rt 4: | Sign Below | | | | | |
| | | By signing here, under nanelty of particul declars | e that the information on t his statement and in any attachments is tru | o and correct | | | |
| | | | s that the information on this statement and in any attachments is tru- | e and correct. | | | |
| | | /s/ Marianne Mehalshick | | | | | |
| | | Signature of Debtor 1 / Lavia | nnl Minack Ruce | | | | |
| | | Date MM / DD / YYYY | Date MM / DD / YYYY | | | | |
| | | If you checked 17a, do NOT fill out or file Form 12 If you checked 17b, fill out Form 122C–2 and file i | 22C–2. it with this form. On line 39 of that form, copy your current monthly in | come from line 14 above | | | |